##### **Coach Education Course**

##### **Learner Application Form and Coaching Profile**

Learners applying for courses leading to1st4sport Certificates in Coaching

Table Tennis should use this form. Please complete all sections in BLOCK

CAPITALS. This information will be used to register you with the

awarding body 1st4sport Qualifications and also to support the tutors to

prepare for your course.

###### **Learner Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| First name |  | | | Surname | |  | |
| Initials |  | | | Title | |  | |
| Gender | Male  Female | | | Date of Birth | |  | |
| ULN |  | | | *This is your Unique Learner Number e.g. 1234567890 (10 digit number) if known.* | | | |
| Full Postal Home Address | Postcode | | | | | | |
| Tel No. |  | | Mobile | |  | | |
| Work Tel. |  | | Email | |  | | |
| Emergency Contact Name *(e.g. next of kin)* | |  | | | Emergency contact No. | |  |
| Please detail any special requirements that the tutor and/or Table Tennis England should be aware of? (e.g. resources in special format, English not first language, etc): | | | | | | | |

###### **Course Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Course applied for:  (please tick) | **Level 1**  **Level 2**  **Level 3** **Level 4** | | |
| **Course Reference:** |  | Course Location: |  |

###### **Disability**

|  |
| --- |
| Do you consider yourself to have a disability? (please tick) Yes  No  If ‘Yes’, what is the nature of your disability? (please tick all that apply)  Hearing  Visual  Physical  Learning  Other  If you have answered yes to any of the above questions, please give brief details and indicate any special requirements you may have and/or what we can do to ensure that you are given every opportunity to demonstrate your abilities: |

In order to complete the qualification learners must have attended an Essential

First Aid Course and Safeguarding and Protecting Children Workshop

(or equivalents). Please note: Learners who have attended courses other than

the St. Johns Ambulance ‘Essential First Aid’ and sports coach UK ‘Safeguarding

and Protecting Children’ workshops, should contact the Table Tennis England

Coaching office to ensure that the required learning outcomes have been

covered.

Please return this form, together with the appropriate fee to:

**Coaching & Performance Administrator, Table Tennis England, Norfolk House, 88 Saxon Gate West, Milton Keynes, MK9 2DL Email: coaching@tabletennisengland.co.uk**

###### **Ethnicity**

I would describe my ethnic origin as: (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Asian/Asian British Bangladeshi |  | Black or Black British African |  | White British |  |
| Asian/Asian British Indian |  | Black or Black British Caribbean |  | Other White |  |
| Asian/Asian British Pakistani |  | Mixed White and Black African |  | White Irish |  |
| Mixed White and Asian |  | Mixed White and Black Caribbean |  | Other |  |
| Any Other Asian Background |  | Any Other Black Background |  |
| Chinese |  | Any Other Mixed Background |  |

###### **Additional Personal Details**

|  |  |
| --- | --- |
| Coaching Experience |  |
| Playing experience |  |
| Any other relevant awards held  *Teacher/other sport coaching awards* |  |
| Occupation |  |
| Organisation  (Club/League/County/Education Establishment) |  |

###### **Declaration**

By signing this document, you agree to abide by the Table Tennis England Terms and Conditions for Learners.

The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at [www.learningrecordsservice.org.uk/privacynotice](http://www.learningrecordsservice.org.uk/privacynotice)

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

If you do not wish us to use your contact details on our website or pass on to other organisations/individuals who may require a coach please tick here

Tick these boxes if you do not wish to receive unsolicited information:

From non table tennis companies

From table tennis organisations

On merchandising from Table Tennis England

###### **Payment Details**

|  |  |
| --- | --- |
| Course fee enclosed: | £       *(Please make all cheques payable to the ETTA)* |

###### 

###### \*Important Note: For Learners whose fees will be paid by a company or organisation –Table Tennis England will require confirmation in writing of the payment arrangements from the sponsoring organisation prior to this application being accepted.

**Credit Card Payment Details**

Table Tennis England would not advise emailing your credit card details, please either send them by post, fax or call the Coaching & Performance Administrator.

**Please note that American Express and Diners Card are not accepted.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Card Type ............................... |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Valid From Date  (if applicable) |  |  | / |  |  |  | Expiry Date |  |  | / |  |  | 3 Digit Security Number |  |  |  |

Name on Card Signature Date